

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF OHIO**

**ELECTRONIC FILING ATTORNEY REGISTRATION FORM**

This form is used to register for an account on the Northern District of Ohio Electronic Filing System (the system). Registered attorneys will have privileges to electronically submit documents and to view the electronic docket sheets and documents. By registering, attorneys consent to receiving electronic notice of filings through the system. The following information is required for registration:

**PLEASE TYPE**

Mr. / Mrs. / Ms. (circle one)

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ If appropriate circle one: Senior / Junior / II / III

Highest state court admitted: \_\_\_\_\_ Bar ID Number: \_\_\_\_\_

Are you currently in good standing? Yes \_\_\_\_\_ No \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have you relocated to this address within the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

Voice Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Internet Mail Address: \_\_\_\_\_

**Attorneys seeking to file documents electronically must be admitted to practice in the United States District Court for the Northern District of Ohio pursuant to LR 83.5 and LCvR 57.5. Please complete which applies.**

Date admitted to practice in this Court: \_\_\_\_\_

If U.S. Department of Justice Attorney check here: \_\_\_\_\_

If admitted pro hac vice: Date motion for pro hac vice granted: \_\_\_\_\_ in case number: \_\_\_\_\_

If Attorney of Record in MDL action indicate case number: \_\_\_\_\_

**By submitting this registration form, the undersigned agrees to abide by all Court rules, orders and policies and procedures governing the use of the electronic filing system. The undersigned also consents to receiving notice of filings pursuant to Fed. R. Civ. P. 5(b) and 77(d) and Fed.R.Crim.P. 49(b)-(d) via the Court's electronic filing system. The combination of user id and password will serve as the signature of the attorney filing the documents. Attorneys must protect the security of their passwords and immediately notify the court if they learn that their password has been compromised by an unauthorized user.**

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Date

Submit completed Registration Form to:

Geri M. Smith, Clerk  
United States District Court  
Attention: Electronic Filing System Registration  
801 West Superior Avenue  
Cleveland, OH 44113-1830

Once your registration is complete, you will receive notification by U.S. Mail as to your user id and password needed to access the system. Procedures for using the system will be available for downloading when you access the system via the Internet. You may contact the Electronic Filing Help Desk in the Clerk's Office at 1-800-355-8498 if you have any questions concerning the registration process or the use of the electronic filing system.